



U.S. ARMY CONTRACTING AGENCY

Southern Region



DIRECTORATE OF CONTRACTING (DOC)

FORT POLK, LOUISIANA

GPC SURVEILLANCE GUIDE/CHECKLIST FOR BILLING OFFICIALS DATE:

NO.	ITEM	Y	N	N/A
1)	Does the total value of the cardholder's purchase for any single month exceed the monthly cardholder limit established by the approving official?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Have persons other than the cardholder made purchases with the GPC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Were all items purchased available within the same or next billing cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Do the cardholder and approving official have a letter delegating specified procurement authority from the Directorate of Contracting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Are items purchased that are identified in the GPC procedures as "non authorized?" i.e.: Prohibited Items, Bottled Water, Ice, and Fuel, Cellular Services? (See Army Regulation AR-715-xx 21 April 2006)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Has the Approving Official reviewed the Fort Polk Government Purchase Card Web Page , Rebates, Disputes, Approving Official, Unit Coins, Training and Mandatory Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Are funds available to pay for each item purchased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Are the cardholder distributing purchases equitably among mandatory sources of supply www.jwod.gov , www.unicor.gov , www.gsaadvantage.gov , www.daps.dla.mil , and DOD Email ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Has the cardholder "split requirements" to stay within the required dollar parameters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	If the cardholder has purchased equipment items, are those items authorized under the organization's property book? If so, has equipment been properly recorded on the organization's accountable records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	For each item purchased with the GPC card, has the cardholder recorded the name of the person requesting the item on and use the purchase request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Does the cardholder obtain a customer copy of the charge slip for all over-the-counter purchases? (Records remain on file for 6 years and 3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	When making purchases by telephone, does the cardholder document the transaction on a log and attach shipping documents associated with the order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Does the cardholder reconcile information and approve their account on CARE. within 5 days after the end of the billing cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Has the cardholder received a minimum of 4 hours training on US Army procedures for using the purchase card? Has the cardholder participated in DAU re-fresher training? (Every 2 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Does the cardholder's log reflect documented authorizations required under, for any purchase requiring an authorization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	Were any construction services coordinated with Facilities Manager and DPW prior to procurement of service \$500 and above. (\$2,000 limit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Were any unauthorized purchases made by the cardholder? (If answer is Yes, describe in "Comments" at the end of this review.). Did the Approving Official document the file with Memo For Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Has complied with all mandatory sources www.jwod.gov , www.unicor.gov , www.gsaadvantage.gov , www.daps.dla.mil , and DOD Email IAW FAR part 8?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Does the cardholder conduct market research from 3 vendors for local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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purchase, and obtain a waiver from mandatory source(s)?				
21)	Does the cardholder handle disputes in accordance with established procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	For purchases or repair of office equipment, has the cardholder coordinated with the equipment manager to ensure the equipment was not covered under an existing maintenance agreement ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Does the Approving Official maintain a list of annual Personal Protective Equipment i.e.: Safety Glasses, Safety Shoes and Boots ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Does the Cardholder document all transactions that posted to the billing statement but were not received, and utilize a tracking system to verify their subsequent delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Has the cardholder performed market research with UNICOR concerning all furniture purchasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURCHASE OVER \$2,500 ACTIVITY				
26)	Does the cardholder have an over \$2,500 delegation letter on file? (FAC 2005-13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	Did the cardholder obtain all required written pre-purchase approvals for purchase over \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	When purchasing (over \$2,500.00) from pre-priced contracts/agreements (i.e. GSA), is the cardholder reviewing prices on at least three contracts/agreements and selecting the best value for their requirements? Is the cardholder documenting this information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)	Is the cardholder getting prior DAPS approval for all commercial printing needs up to \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardholder Surveillance				
		Y	N	N/A
30)	Were all purchases made by the Cardholder authorized? If the answer is "No," describe in a "Comments" section at the end of this review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	Is the approving official actively reviewing all new cardholders during the first three months to ensure they are effectively performing their duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32)	Are all purchases documented in the electronic Transaction Management Log in CARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33)	Has the Approving Official accomplished surveillance of each of their cardholder's accounts within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	Has the Approving Official reviewed the Army SOP titled Army Regulation AR-715-xx REVISED 21 April 2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	Is an alternate approving official set up for the existing accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience Check Accounts Only				
		Y	N	N/A
36)	Is the checking account maintained under a separate "cardless" account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	Have any checks been written for more than \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38)	Are the check administrative costs (1.7% of the face value of the check CONUS, 2% OCONUS) accounted for in the check writer's purchase log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39)	Are internal controls established to avoid duplicate payments for any checks, which are mailed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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40)	Does check writer capture all necessary TD1099 data for IRS reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41)	Are checks stored in locked containers when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42)	Have any checks been written by someone other than the checking account holder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43)	Have checks been written for items to be delivered beyond 15 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44)	Were checks written for any Prohibited Purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45)	Does check writer account for checks written but not processed by the Bank when reconciling his/her account to assure adequate funds are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46)	Does the approving official conduct quarterly surveillance reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47)	Does the approving official maintain original supporting documentation for closed cardholder/check writer accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div> <input type="checkbox"/> SATISFACTORY - NO FINDING(S) FOR <u>AO</u> AND <u>CH</u> REPORTS AND/OR WITH VERY LOW-LEVEL PROGRAM VIOLATION FINDING(S) - UP TO 3 FINDINGS </div> <div> <input type="checkbox"/> MARGINAL - NO STATUTORY VIOLATION FINDING(S) FOR <u>AO</u> AND <u>CH</u> REPORTS, BUT WITH LOW-LEVEL PROGRAM VIOLATION FINDING(S) - 4-5 FINDINGS </div> <div> <input type="checkbox"/> UNSATISFACTORY STATUTORY VIOLATION FINDING(S) FOR <u>AO</u> (#10) AND/OR <u>CH</u> REPORTS MID-HIGH LEVEL OF PROGRAM VIOLATION FINDING(S) - ABOVE 6 FINDINGS </div>				
Organization				
Billing Official Name				
Signature				
Alternate Official				
Signature				
Alternate Agency Program Coordinator				
Primary Agency Program Coordinator				
Cardholder Name				
Cardholder Name				
Cardholder Name				
Cardholder Name				
Cardholder Name				
Annual Inspection		<input type="checkbox"/> ELECTRONIC <input type="checkbox"/> MANUAL		
Annual Inspection		<input type="checkbox"/> ELECTRONIC <input type="checkbox"/> MANUAL		